

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

..... Rejected	N .....
..... Allowed	I .....
— (Through numeral)... Canceled	A .....
..... Restricted	O .....

Claim	Date
1	8/2/3
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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